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SERIAL NUMBER 09/675,459	FILING DATE 09/28/2000 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 659/692
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APPLICANTS
 MaryAnn Zunker, Oshkosh, WI; *CMA*

** CONTINUING DATA *****
CMA

** FOREIGN APPLICATIONS *****
CMA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/07/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WI	SHEETS DRAWING 8	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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Verified and Acknowledged *[Signature]* *CMA*
 Examiner's Signature Initials

ADDRESS
 757
 BRINKS HOFER GILSON & LIONE
 P.O. BOX 10395
 CHICAGO, IL
 60610

TITLE
 Urinary incontinence device and method of making same

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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